POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/980,150
	Filing Date	August 05, 2002
	First Named Inventor	Gregory S. Keller
	Title	Method of Using Autologous Fibroblasts to...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	FCS 108

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☑ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23579

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☑ The address associated with Customer Number: 23579

OR

Firm or Individual Name	
Address	
City		State		Zip	
Country	
Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record			
Signature	[signature]	Date	28 Sep 11
Name	John M. Maslowski	Telephone	484-713-6032
Title and Company	Vice President Operations Fibrocell Technologies, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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